様式第１号（第４条関係）

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| 介護保険料徴収猶予・減免申請書  八頭町長　　　　様  次のとおり　　　年度分介護保険料の徴収猶予・減免を申請します。 | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | 申請年月日 | | 年　月　日 | |  |
|  | 申請者氏名 | |  | | | | | | | | | | | | | | | 本人との関係 | | |  |
| 申請者住所 | | 〒  電話番号 | | | | | | | | | | | | | | | | | | |
| \*申請者が被保険者本人の場合、申請者住所・電話番号は記載不要 | | | | | | | | | | | | | | | | | | | | | | |
|  | 被保険者 | 被保険者番号 | | | |  |  |  |  |  |  |  |  |  |  |  |  | | | | | |
| フリガナ | |  | | | | | | | | | | | | |
| 氏名 | |  | | | | | | | | | | | | | 生年月日 | | 年　月　日 | | |  |
| 性別 | | 男・女 | | |
| 住所 | | 〒  電話番号 | | | | | | | | | | | | | | | | | |
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|  | 申請理由 | | | |  | | | | | | | | | | | | | | | | |  |
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